

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012879

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 111

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1012 S. 4th. St.</u>		d. STREET ADDRESS (If outside, give location) <u>1012 S. 4th. St.</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Paula</u> Last <u>Paule</u>		4. DATE OF DEATH Month <u>March</u> Day <u>31</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/14/1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ACF Industries</u>	
11. BIRTHPLACE (City and state or country) <u>St. Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Edward Paule</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jaren</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret DeRoy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Ernst Paule, St. Charles, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>9 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of prostate</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>August 18, 1953</u> to <u>March 30, 1963</u> and last saw him alive on <u>Feb. 4, 1963</u> Death occurred at <u>about 11:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Ernest J. Pauley M.D.</u>		22b. ADDRESS <u>114 W. Main St. St. Charles, Mo.</u>	
22c. DATE SIGNED <u>April 1, 1963</u>		23. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/3/1963</u>	
23c. LOCATION (City, town, or county) <u>St. Charles, Mo.</u>		24. FUNERAL DIRECTOR <u>Arthur C. Baue, St. Charles, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>4-1-63</u>		26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	

MAY 1 1963

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Signed David C. Saxe

P. O. Address 19 Charles St.

If this body is not embalmed, fact should be so stated above.